ARIZONA STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS State File No.	
1. PLACE OF BIRTH STANDARD CERT	FIGATE OF BIRTH Registered No
County Tila State argona	
District or Township.	
City No. 11 + C. St. St. Ward (If birth, pecurred in a hospital br institution, give its NAME instead of street and number)	
2. Full name of child Margaret Verle Kelly [If child is not yet named, make supplemental report, as directed.	
3. Sex of Child To be answered ONLY in event of plural births. 4. Twin, triplet ex other 6. Legitimate? 7. Date of birth 10 Day Year	
8. FATHER Full name 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	14. MOTHER Full maiden name & t
9. Residence (Usual place of abode) Wiami.	15 Residence (Usual place of abode) Midmi,
If non-resident, give place and state. Quona.	If non-resident, give place and state. Wigona.
10. Color or race	16 Color or race
Cauc. 11. Age at last birthday. 24 (Years)	Cauc. 17. Age at last birthday 21 (Years)
12. Birthplace (city or place) Hainsville	18. Birthplace (city or place) Halena,
(State or country)	(State or country) Manaa.
13. Occupation Viler at Miami	19. Occupation
Nature of Industry Piver Plant.	Nature of industry Housewife
20. Number of children of this mother (a) Born slive and now living 3 21. Were precaution taken against ophethalms neonatorum?	
certified and including this child.) (c) Stillborn	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFES I hereby certify that I attended the birth of this child, who was the state of the stat	
(Bornalive or stiller)	
or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor	
shows other evidence of life after birth. (Physician or midwife). Given name added from	
a supplemental report. Month, day, year	
929-720-525 Filed	Registrar
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